

## Declaration of Employment

### Student Information

NAME:

E-MAIL:

### Employment Information

Description of Employment/Name of Employer (at anticipated time of admission and for the duration)

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**If accepted, do you plan to work:**

Full Time

Part time

One 8-12 hour shift

Total Number of Hours \_\_\_\_\_ per week

I agree to inform the Assistant Dean Nursing Graduate Program, Nursing Graduate Office, and my Supervisor of any changes in my hours of work during the duration of my program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE